

13  
S/B

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Lwh		04-05-01
O.I.P.E. CLASSIFIER	E/W	11	7/3/2001
FORMALITY REVIEW	MHD	954	3/12/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	12
Original	22
1	V
2	V
3	N
4	N
5	N
6	N
7	N
8	N
9	N
10	D
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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